HIGHER EDUCATION COORDINATING COMMISSION
3225 25th Street SE, Salem, OR 97302
www.oregon.gov/HigherEd

Teacher Registration Renewal Instructions

This form is for renewing **current** registrations only. Registrations are issued for a three-year period. Complete all sections of this form to add a new field of practice/program/course. The most current registration forms can be found at www.oregon.gov/HigherEd.

To maintain registration status, you **must** submit the $75 non-refundable registration renewal fee prior to the expiration date on your current teacher registration [OAR 715-045-0012 (8)].

Required:

- ☐ Verify your information is accurate and each section is **complete**.
- ☐ Provide a copy of all updated applicable certificates, license(s), or other credentials legally required for employment in the field you are teaching.
- ☐ *Provide proof of any name change that occurred since your last registration. We will need the Teacher Change Form which will include your current and former name.
- ☐ This renewal application **WILL NOT** be processed without your signature **AND** the signature of the school director**,** as required by OAR 715-045-0012 (2)(c).
- ☐ *Psilocybin Only* - OHA Oregon Psilocybin Services **Training Program Curriculum Approval Summary** with the name of the teacher who is applying to HECC to renew their registration on the list as an Instructor.

Allow at least 2-3 weeks for processing.

You must notify this agency of any name change or change of address during your active teacher status. When notifying us of any changes, download a **Teacher Change Form from our website www.Oregon.gov/HigherEd; by calling 503-947-5716; or by email at info.PPS@hecc.oregon.gov. Please include your teacher registration number.*

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*Social Security Number Requirement, Authority, and Disclosure Statement

As part of your application for an initial or renewed registration as a teacher, director, or agent for a licensed private career school, as issued by the Higher Education Coordinating Commission, Office of Private Postsecondary Education, you are required to provide your Social Security Number (SSN) to the Commission as part of the application process [ORS 25.785 and 42 USC § 666(a)(13)].

Your SSN will be stored in the Commission's electronic database using the highest level of encrypted security protocols. It will be provided on a quarterly basis to the Oregon Department of Justice through secured electronic means for the purpose of enforcing child support orders. Your SSN will not be printed or displayed in any public forum through any medium unless expressly required by state or federal law.

Failure to provide your SSN will be a basis for the Higher Education Coordinating Commission, Office of Private Postsecondary Education, to refuse to issue or renew a license or registration as described above. Any other use or disclosure of your SSN will require your written authorization.

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Application for Teacher Registration Renewal

All boxes **MUST** be completed, all required documentation **MUST** be included, and your payment received for your application to be accepted and reviewed. Applications with missing information may cause a delay in processing.

Applicant Information

Legal Name:		**Preferred Name:**			
Date of Birth:		***Social Security Number:**			
Email Address:		**Phone:**			
Home Address:					
City:		**State:**		**Zip:**	
School Currently Employed:		**Date Current Teacher Registration Expires:**			

Work Experience

List current and previous career school(s) you taught at within the last 3 years or since your last approval.

Private Career School Name	Course/Program Taught	Dates *(MM/YY - MM/YY)*

Program and Courses

*Please list all new and renewing **Programs** which applicant will be offering instruction. The name of the programs listed MUST be the same name as the programs listed on the school's license. Courses within the program may vary*
(REQUIRED):

Program(s) to be Taught	New or Renewing

Add a new Program to Teacher Registration

Complete this page to add a new instructional program to your teacher registration.

For each program you would like to add, please duplicate this page and complete and provide the required documentation.

Additional Program to be Taught:_____

Please check one:

☐ Please check this box if you would like to request the addition of a new program to your teacher registration.

☐ or not applicable (N/A)

Please complete each column below, starting with the most recent position that will show your past experience in the program you would like to have approved. You are required to have **two years of work experience, two years of education**, or any combination of both in the past 5 years.

Employer Name, address, and phone number, or qualified teacher training	**Starting and ending dates of employment. (REQUIRED)** ***Use MM/DD/YY format***	**Please indicate if Full time or Part time?** ***Required**: if part-time, include number of hours/month*	**Duties performed** (all applicants) *Please be specific on duties as applies to this application and the programs you will be teaching.*	**Teacher training program hours** *(cosmetology only)*

Licenses held pertaining to the program to be added or renewed.

☑ Provide copies of current licenses or certificates legally required for employment in the field in which you teach *(i.e., cosmetology, massage technician, CDL, etc.)*.

Name of License Held	**Regulating agency**	**Expiration Date**

Criminal History

If you have any recent **unreviewed criminal conviction** and are working at a school that enrolls minors you **MAY NOT** teach or have contact with minors until you have been approved by the HECC. *Check with the school you are working for to verify if this would be a requirement* in OAR 715-045-0003. **(ANSWERS REQUIRED)**

- 1. Have you been convicted of a crime other than a minor traffic violation? ☐ **Yes** ☐ **No**
- 2. If yes, was your criminal history reviewed by HECC and a probationary 1 year imposed? ☐ **Yes** ☐ **No**

  If yes, date the Probationary Period expired from the Probationary Letter: _____
- 3. Have you been convicted of a crime since your most recent approval? ☐ **Yes** ☐ **No**

If you answered 'Yes' to a recent conviction in #3 listed above and it has not previously been reviewed, your application **MUST** also include:

- ☐ A letter of explanation for the criminal conviction.
- ☐ Letter of Recommendation from your current employing school, and
- ☐ Letter of Recommendation from your most recent employer, parole officer or other appropriate professional source.
- ☐ Final Court Record or Disposition.

Minors

- Does your school currently enroll or recruit minors? ☐ **Yes** ☐ **No** **(ANSWER REQUIRED)**
  If yes, a criminal records check will be required and/or updated prior to review (see below)
- Have you had a HECC Criminal History Check within the past 3 years? ☐ **Yes** ☐ **No**
  - *If yes: Date of previous Criminal History Check:*_____ *Expiration Date:* _____

BE ADVISED: If you are employed at a School that enrolls minors or are recruiting / in contact with students outside of the school under the age of 18, **ALL STAFF** that has contact with anyone under the age of 18, **WILL BE REQUIRED** to have a fingerprint background check completed. *Check with the school you are considering working for to verify if this would be a requirement* in OAR *715-045-0003* ***prior to employment at the school.***

The fingerprinting process may delay the processing of your Registration. Please allow a minimum of 3-4 weeks for processing.

Click here to download the HECC Criminal Record Check Request Form**.**

Signature and Authorization

Required for Cosmetology

☐ I certify I have satisfied any applicable continuing education requirements and have evidence of completion of 30 clock hours of continuing education since my last renewal as required by my license(s) and will provide upon request. [OAR 715-045-0012 (8)(b)]

APPLICANT CERTIFICATION:

I hereby certify the above information is true and correct to the best of my knowledge. I am aware that if any statement made herein has been misrepresented, my registration as an instructor may be suspended or revoked. I will comply with all rules governing Private Career Schools by the provisions of Oregon Revised Statutes, Chapter 345, as amended, and the rules and regulations as established by the Higher Education Coordinating Commission (Oregon Administrative Rules, Chapter 715, Division 045).

_____ _____

Signature of Applicant ***Date***

Print Applicant's Name: _____

SCHOOL CERTIFICATION:

The School Director must check box and sign below for this application to be accepted **(SIGNATURE REQUIRED)**

☐ *By checking this box, the Private Career School listed below has confirmed it has verified the information in this teacher registration application and teacher meets the minimum requirements of 715-045-0012 (3) & (4) of the rule.*

Name of School: _____

_____ _____

Signature of School Director ***Date***

Print School Director's Name: _____

Submitting the application:

You **must** mail the $75 registration renewal fee
with the name of the applicant listed on the check for verification.

Mail your application and fee to:
HIGHER EDUCATION COORDINATING COMMISSION
Office of Academic Policy and Authorization
PCS Licensing Unit
3225 25th Street SE
Salem OR 97302
Allow at least 2-3 weeks for processing.

For questions you may contact the HECC at **(503) 947-5716** or info.PPS@HECC.Oregon.gov